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CONFIRMATION NO. 6697

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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/156,685 05/28/2002 PAT 6,664,267 *jes*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/19/2003

|  |                              |                        |                       |                             |
|--|------------------------------|------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>INDIA | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>18 | INDEPENDENT<br>CLAIMS<br>11 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>allowance |                              |                        |                       |                             |
| Verified and<br>Acknowledged <i>[Signature]</i><br>Examiner's Signature  | 10-20-05<br>Initials         |                        |                       |                             |

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## TITLE

Crystalline fluoroquinolone arginine salt form

☐ All Fees

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| <b>FILING FEE</b><br><br><b>RECEIVED</b><br>1422               | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <table border="1"><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table> | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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